

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4959AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2010
NAME OF PROVIDER OR SUPPLIER GARDEN BREEZE ALZHEIMER VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 950 GARDEN BREEZE WAY LAS VEGAS, NV 89123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a annual State Licensure survey conducted in your facility on 8/17/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of B.</p> <p>The facility is licensed for eight Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=E	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by:</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 Based on record review on 8/17/10, the facility failed to ensure 1 of 4 caregivers met background check requirements (Employee #4). Severity: 2 Scope: 2	Y 105			
Y 251 SS=C	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation on 8/17/10, the facility failed to ensure the temperatures of 2 of 2 refrigerators were 40 degrees or less. The temperature of the refrigerator in the kitchen was 44.7 degrees on 8/17/10 at 9:30 AM. The temperature of the refrigerator in the garage was 47 degrees on 8/17/10 at 10:00 AM. Severity: 1 Scope: 3	Y 251			
Y 356 SS=E	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key	Y 356			

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Y 356	Continued From page 2 must be readily available at all times. This Regulation is not met as evidenced by: Based on observation on 8/17/10, the facility did not ensure the locks on 1 of 3 bathroom doors could be opened with a single motion (Bathroom #1). Severity: 2 Scope: 2	Y 356			
Y 997 SS=C	449.2756(1)(f)(3) Alzheimer's Facility-Yard fenced NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (3) Is fenced. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. This Regulation is not met as evidenced by: Based on observation on 8/17/10, the facility failed to ensure the gate leading from the secured back yard was locked.	Y 997			

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Y 997	Continued From page 3 Severity: 2 Scope: 3	Y 997			

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